



3721
819

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Todd Hoekstra

Serial No.: 09/932,745 Art unit: 3721
Filed: August 17, 2001 Examiner: Paradiso, John Roger
For: CONTINUOUS WEB OF BREATHER POUCHES AND AUTOMATED
METHOD OF PACKAGING MEDICAL DEVICES UTILIZING SUCH
POUCHES

Docket No.: 16-604

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for approval by examiner for this application.

STATUS

2. Applicant is

XXX A small entity

_____ Other than a small entity

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the "MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Laura R. McLellan

(Type or print name of person mailing paper)

Date: March 14, 2005


(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below :

Extension (months)	Fee for other than small entity	Fee for small entity
_____ one month	\$ 110.00	\$ 55.00
_____ two months	420.00	210.00
_____ three months	930.00	465.00
_____ four months	1,450.00	725.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 0.00

OR

(b) XX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	Small Entity	Other than a Small Entity
Claims Remaining After Amendment	Highest No. Previously	Present EXTRA	Addit. Fee	Addit. Fee
_____	_____	_____	_____	_____
TOTAL	MINUS	=	x 11=\$	x 18= \$
INDEP	MINUS	=	x 39=\$	x 78= \$
First Presentation of Multiple Dep. Claim				
		x 125=\$	x 250=\$	

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

* If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) XXX No additional fee is required

OR

(d) Total additional fee required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Account no. 23-0630 in the sum of \$ _____

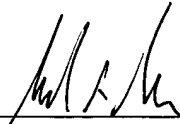
Fee Deficiency

6. XXX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630.

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 50,732



Signature of Attorney

Tel. No.: (216) 241-6700
Fax No.: (216) 241-8151

Michael A. Miller

Type or Print Name of Attorney

WATTS HOFFMANN CO., L.P.A.
P.O. Box 99839
Cleveland, Ohio 44199-0839